

Kansas Department of Agriculture
Records Center - Food Safety and Lodging
109 SW 9th Street
Topeka, KS 66612
785-296-7430

APPLICATION FOR FOOD SAFETY LICENSE

(Retail Food Store, Food Service within a Retail Food Store, Ice Cream Truck and Vending Machines)

Pursuant to the Kansas Food, Drug and Cosmetic Act, K.S.A. 65-601 et seq.; and the Food Service and Lodging Act, K.S.A. 36-501 et seq., a food service establishment in a retail food store and a retail food store shall be licensed by the Kansas Department of Agriculture. If there are multiple individual businesses with different owners within your facility each requires an individual license. Failure to register could result in regulatory action. This license is valid from January 1 through December 31st.

**A separate application should be completed for each licensed location.
LICENSE FEE and APPLICATION FEE ARE REQUIRED.**

.....
Establishment Name: _____ Phone: _____

Establishment Address: _____ Fax: _____

County: _____

YOU MUST COMPLETE THE APPROPRIATE SECTION ON THE BACK OF THIS FORM.

If your business operation is a Retail Food Store complete Section A; Food Service Establishment within a Retail Food Store complete Section B; Ice Cream Truck complete Section C; or Vending Machine Company or Vending Machine Dealer complete Section D.

OWNERSHIP INFORMATION

Legal Owner Name: _____

Type of ownership: ☐ Individual/Sole Proprietor ☐ Partnership ☐ LLP or LP ☐ Corporation ☐ LLC

Federal Tax ID #: _____ or Sole Proprietor Social Security # _____

Mailing Address (if different from above address)

I agree as a condition to the granting of a license to comply with and abide by all the terms of the Kansas Food, Drug and Cosmetic Act, the Food Service and Lodging Act and the rules and regulations prescribed thereunder. I declare the above statements are true, complete and accurate to the best of my knowledge.

Signature of owner, officer or other agent

Date

Typed/printed name of signer

Title*

**Your title should correspond to the type of ownership. For example if you are an individual your title may be "owner"; if it is a corporation your title should reflect the office you hold in the corporation such as "president", "treasurer", etc.*

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Inspector ID # _____
Inspection Date _____

Previous Establishment Name: _____

Anticipated Opening Date: _____

If you have questions concerning the type of license you need, please call the Kansas Department of Agriculture at 785-296-7430. Please check all boxes that apply to the license you need. Please note that all NEW applications require an application fee and a license fee. Send application and fees to: **Kansas Department of Agriculture
Records Center – Food Safety
109 SW 9th St Topeka KS 66612**

Establishment Name _____
Federal Tax ID # _____
City: _____ County: _____

Application Fee + License Fee = Total Fee Due

Section A- Retail Food Store

_____ Under 5,000 square feet	\$ 50.00 (NR1) **	\$ 50.00 (LR1) **	\$100.00
_____ 5,000 - 15,000 square feet	\$ 100.00 (NR2)	\$ 100.00 (LR2)	\$200.00
_____ Over 15,000 square feet	\$ 150.00 (NR3)	\$ 150.00 (LR3)	\$300.00

Please check the box (es) that describes the primary type(s) of business that you operate within the facility

_____ Retail Grocery Store	_____ Bakery Outlet
_____ Convenience Grocery Store	_____ Health Food Store
_____ Retail Meat Store	_____ Bakery
_____ Specialty Shop	_____ Other _____ (Please specify)
_____ Variety Store	

Section B- Food Service Establishment in a Retail Food Store

_____ Food Service Establishment in a Retail Food Store	<u>Application Fee</u>	+	<u>License Fee</u>	=	<u>Total Fee Due</u>
	\$200.00 (FSN)**		\$200.00 (FSG)**		\$400.00

Section C- Ice Cream Truck (ICT) **

_____ Ice Cream Truck # of trucks _____ @ \$5.00 each = \$ _____

Section D- Vending Machines

_____ Vending Machine Company **\$30.00 (VMC) ****
of machines _____ @ \$3.00 each = \$ _____ (VDM) **

_____ Vending Machine Dealer **\$25.00 (VMD) ****

For Office Use Only

NR_____	FSN _____	ICT _____	Check # _____
LR_____	FSG _____	VMC _____	Total Paid _____
	FN_____	VMD _____	Transaction # _____
	FG_____	VDM _____	